

1997 MASSACHUSETTS
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM QUESTIONNAIRE

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~~CHANGE INTRO?~~

HELLO, I'm calling for the
. We're doing a study of the health practices of
residents. Your phone number has been chosen randomly by the
to be included in the study, and we'd like to ask some questions
about things people do which may affect their health.

Is this ? **No** Thank you very much, but I seem to
have dialed the wrong number,
It's possible that your
number may be called at a
later time. **Stop**

Is this a private residence? **No** Thank you very much, but we are only
interviewing private
residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?

Who is the next oldest man who presently lives in this household?

Etc.

Who is the oldest woman who presently lives in this household?

Who is the next oldest woman who presently lives in this household?

Etc.

The person in your household that I need to speak with is .

If "you," go to page 3

To correct respondent Hello, I'm calling for the I'm calling on behalf of the Massachusetts Department of Public Health. We're doing a study of residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

SECTION 1: HEALTH STATUS

1. Would you say that in general your health is: (33)

Please Read		
a. Excellent		1
b. Very good		2
c. Good		3
d. Fair		4
e. or Poor		5
Do not Don't know/Not Sure		7
read these		
responses Refused		9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

a. Number of days		
b. None		8 8
Don't know/Not sure		7 7
Refused		9 9

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

a. Number of days		
b. None If Q. 2 also "None," go to Q. 5		8 8
Don't know/Not sure		7 7
Refused		9 9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

a. Number of days		
b. None		8 8
Don't know/Not sure		7 7
Refused		9 9

SECTION 2: HEALTH CARE ACCESS

5.	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)	
a.	Yes	1
b.	No Go to Q. 7b	2
	Don't know/Not sure Go to Q. 12	7
	Refused Go to Q. 12	9
6.	Do you have Medicare? (41)	
Medicare is a coverage plan for people 65 or over and for certain disabled people	a. Yes Go to Q. 8	1
	b. No	2
	Don't know/not sure	7
	Refused	9
7a.	What type of health care coverage do you use to pay for most of your medical care? (42-43)	
	Is it coverage through: Please Read	
a.	Your employer Go to Q. 8	0 1
b.	Someone else's employer Go to Q. 8	0 2
c.	A plan that you or someone else buys on your own Go to Q. 8	0 3
d.	Medicare Go to Q. 8	0 4
e.	Medicaid or Medical Assistance [or substitute state program name] Go to Q. 8	0 5
f.	The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q. 8	0 6
g.	The Indian Health Service [or the Alaska Native Health Service] Go to Q. 8	0 7
	or	
h.	Some other source Go to Q. 8	0 8
Do not read these responses	None Go to Q. 11	8 8
	Don't know/Not sure Go to Q. 8	7 7
	Refused Go to Q. 8	9 9

7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (44-45)

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	h. Some other source	0 8
Do not read these responses	None Go to Q. 11	8 8
	Don't know/Not sure Go to Q. 12	7 7
	Refused Go to Q. 12	9 9

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b] ? (46)

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"	a. For less than 12 months (1 to 12 months)	1
	b. For less than 2 years (1 to 2 years)	2
	c. For less than 3 years (2 to 3 years)	3
	d. For less than 5 years (3 to 5 years)	4
	e. For 5 or more years	5
	Don't know/Not sure	7
	Refused	9

9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan? (47)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

- | | |
|---------------------------------|---|
| a. Yes | 1 |
| If "no" or b. No | 2 |
| "Dk/Ns," probe | |
| "Is there a Don't know/Not sure | 7 |
| certain number | |
| you are supposed Refused | 9 |
| to call to find a | |
| doctor to go to?" | |

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

- | | |
|---|---|
| a. Yes Go to Q. 11b | 1 |
| Do not include b. No Go to Q. 11b | 2 |
| emergency care | |
| or referral to Don't know/Not sure Go to Q. 11b | 7 |
| a specialist | |
| Refused Go to Q. 11b | 9 |

11. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

11a. What is the main reason you are without health care coverage?
(READ IF NECESSARY)

LOST JOB OR CHANGED EMPLOYERS.....)	-01-GO TO Q12
SPOUSE OR PARENT LOST JOB OR CHANGED EMPLOYERS.....	-02-GO TO Q12
BECAME DIVORCED OR SEPARATED.....	-03-GO TO Q12
SPOUSE OR PARENT DIED.....	-04-GO TO Q12
BECAME INELIGIBLE BECAUSE OF AGE OR LEFT SCHOOL.....	-05-GO TO Q12
EMPLOYER DOESN'T OFFER OR STOPPED OFFERING COVERAGE..	-06-GO TO Q12
CUT BACK TO PART TIME OR BECAME	
TEMPORARY EMPLOYEE.....	-07-GO TO Q12
BENEFITS FROM EMPLOYER OR FORMER EMPLOYER RAN OUT...	-08-GO TO Q12
COULDN'T AFFORD TO PAY THE PREMIUMS.....	-09-GO TO Q12
INSURANCE COMPANY REFUSED COVERAGE.....	-10-GO TO Q12
LOST MEDICAID OR MEDICAL ASSISTANCE ELIGIBILITY.....	-11-GO TO Q12
OTHER.(SPECIFY).....	-87-GO TO Q12
DON'T KNOW/NOT SURE.....	-77-GO TO Q12
REFUSED.....	-99-GO TO Q12

11b. (ASK IF R NOT ASKED Q11A) During the past 12 months, was there any time that you did not have any health insurance or coverage?

YES.....)	-1-ASK Q11C
NO.....	-2-SKIP TO Q12
DON'T KNOW/NOT SURE..	-7-
REFUSED.....	-9-

11c. What was the main reason you were without health care coverage?
(READ IF NECESSARY)

LOST JOB OR CHANGED EMPLOYERS.....)	-01
SPOUSE OR PARENT LOST JOB OR CHANGED EMPLOYERS.....	-02
BECAME DIVORCED OR SEPARATED.....	-03
SPOUSE OR PARENT DIED.....	-04
BECAME INELIGIBLE BECAUSE OF AGE OR LEFT SCHOOL.....	-05
EMPLOYER DOESN'T OFFER OR STOPPED OFFERING COVERAGE..	-06
CUT BACK TO PART TIME OR BECAME TEMPORARY EMPLOYEE..	-07
BENEFITS FROM EMPLOYER OR FORMER EMPLOYER RAN OUT...	-08
COULDN'T AFFORD TO PAY THE PREMIUMS.....	-09
INSURANCE COMPANY REFUSED COVERAGE.....	-10
LOST MEDICAID OR MEDICAL ASSISTANCE ELIGIBILITY.....	-11
OTHER.(SPECIFY).....	-87
DON'T KNOW/NOT SURE.....	-77
REFUSED.....	-99

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

13. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

SECTION 3: HYPERTENSION AWARENESS

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 17 | 8 |
| Refused | 9 |

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 17 | 2 |
| Don't know/Not sure Go to Q. 17 | 7 |
| Refused Go to Q. 17 | 9 |

16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)
- a. More than once 1
 - b. Only once 2
 - Don't know/Not sure 7
 - Refused 9

SECTION 4: CHOLESTEROL AWARENESS

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)
- a. Yes 1
 - b. No **Go to Q. 20** 2
 - Don't know/Not sure **Go to Q. 20** 7
 - Refused **Go to Q. 20** 9
18. About how long has it been since you last had your blood cholesterol checked? (56)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

SECTION 5: DIABETES

20. Have you ever been told by a doctor that you have diabetes? (58)

If "Yes" and female, ask "Was this only when you were pregnant?"

a. Yes	1
b. Yes, but female told only during pregnancy	
Go to Q. 90	2
c. No	3
Go to Q. 90	
Don't know/Not sure	7
Go to Q. 90	
Refused	9
Go to Q. 90	

20a. (HAVE DIAB:) How old were you when you were told you have diabetes?

CODE AGE IN YEARS:

76/+	-76
DK..	-77
REF.	-99

20b. Are you now taking insulin?

YES.....)	-1-ASK Q20c
NO.....)	-2-SKIP TO Q20d
DON'T KNOW/NOT SURE	-7-
REFUSED.....)	-9-

20c. (INSULIN:) Currently, about how often do you use insulin?

NUMBER OF TIMES:	PER DAY) -1
	WEEK -2
USE INSULIN PUMP...)	-333
DON'T KNOW/NOT SURE	-777
REFUSED.....)	-999

20d. (ALL DIAB:) About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

NUMBER OF TIMES:	PER DAY.) -1
	WEEK. -2
NEVER.....)	-888
	MONTH -3
	YEAR. -4
DON'T KNOW/NOT SURE	-777
REFUSED.....)	-999

20e. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?

YES.....)	-1
NO.....)	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....)	-9

20f. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

NUMBER OF TIMES:

NONE -88-SKIP TO Q20i
DK -77-
REF -99-

Q20G CHECKPOINT: SEE Q20E

[] IF R NOT HEARD OF HEMOGLOBIN A1C, SKIP TO Q20H

[] IF HEARD OF HEMOGLOBIN A1C, ASK Q20G

20g. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

NUMBER OF TIMES:___

NONE -88
DK -77
REF -99

20h. About how many times in the last year has a health professional checked your feet for any sores or irritations?

NUMBER OF TIMES:___

NONE -88
DK -77
REF -99

20i. Have you ever had a foot ulcer/sore/irritation that took longer than two weeks to heal?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

20j. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling?

Read Only if Necessary

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

20k. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....)	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO).....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

20l. I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

How much of the time does your vision limit you in recognizing people or objects across the street?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

20m. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

20n. How much of the time does your vision limit you in watching television?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

SECTION 5A: CHRONIC DISEASE CHECKLIST

90. (* Have you ever been told by a doctor or other health professional that you have any of the following conditions:)	YES	NO	DK	REF
a) Stroke or cerebrovascular disease?.....)	-1	-2	-8	-9
b) * Heart disease?.....)	-1	-2	-8	-9
c) * Chronic bronchitis, emphysema, or COPD?.....)	-1	-2	-8	-9
d) * Cancer of any kind except benign skin cancer?.....)	-1	-2	-8	-9
e) * Asthma?.....)	-1	-2	-8	-9

SECTION 5B: IMPAIRMENT/QUALITY OF LIFE

These next questions are about limitations you may have in your daily life.

- 91a. Are you limited in any way in any activities because of any impairment or health problem? (235)
- a. Yes 1
 - b. No GO TO Q. 21 2
 - Don't know/Not sure GO TO Q. 21 7
 - Refused Go to Q. 21 9
- 91b. What is the major impairment or health problem that limits your activities? (236-237)
- a. Arthritis/rheumatism 0 1
 - b. Back or neck problem 0 2
 - c. Fractures, bone/joint injury 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem 0 6
 - g. Eye/vision problem 0 7
 - h. Heart problem 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9

91c. For how long have your activities been limited because of your major impairment or health problem? (238-240)

a. Days	1
b. Weeks	2
c. Months	3
d. Years	4
Don't know/Not Sure	7 7 7
Refused	9 9 9

91d. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (241)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

91e. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (242)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

91f. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (243-244)

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

91g. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (245-246)

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

91h. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (247-248)

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

91i. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (249-250)

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

91j. During the past 30 days, for about how many days have you felt very healthy and full of energy? (251-252)

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

SECTION 6: INJURY CONTROL

21. How often do you use seatbelts when you drive or ride in a car? (59)

Would you say: **Please Read**

a. Always	1
b. Nearly Always	2
c. Sometimes	3
d. Seldom	4
or	
e. Never	5

Do not	Don't know/Not sure	7
read these		
responses	Never drive or ride in a car	8
	Refused	9

22. What is the age of the oldest child in your household under the age of 16?
(60-61)

Code

<1 yr.

as "01"

a. Code age in years

b. No children under age 16 **Go to Q. 25**

8 8

Don't know/Not sure **Go to Q. 25**

7 7

Refused **Go to Q. 25**

9 9

23. How often does the [fill in age from Q. 22]-year-old child in your household use a... (62)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

a. Always

1

b. Nearly always

2

c. Sometimes

3

d. Seldom

4

or

e. Never

5

Do not Don't know/Not sure

7

read these

responses Never rides in a car

8

Refused

9

If oldest child 5 years or older, continue with Q. 24. Otherwise, go to Q. 25.

24. During the past year, how often has the [fill in age from Q. 22]-year-old child worn a bicycle helmet when riding a bicycle?

(63)

Would you say: **Please Read**

a. Always

1

b. Nearly Always

2

c. Sometimes

3

d. Seldom

4

or

e. Never

5

Don't know/Not sure

7

Do not

read these

responses

Never rides a bicycle

8

Refused

9

25. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (64)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SECTION 7: TOBACCO USE

26. Have you smoked at least 100 cigarettes in your entire life? (65)

**5 packs
= 100
ciga-
rettes**

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 29h | 2 |
| Don't know/Not sure Go to Q. 29h | 7 |
| Refused Go to Q. 29h | 9 |

- 26a. (IF EVER SMOKED:) About how old were you when you smoked your first whole cigarette? (CODE AGE IN YEARS)

DON'T KNOW/NOT SURE -98
REFUSED..... -99

- 26b. About how old were you when you first started smoking fairly regularly? (AT LEAST 1-2 TIMES PER WEEK) (CODE AGE IN YEARS)

NEVER SMOKED REGULARLY -88
DON'T KNOW/NOT SURE -98
REFUSED..... -99

27. Do you now smoke cigarettes everyday, some days, or not at all? (66)

- | | |
|---|---|
| a. Everyday Go to Q. 28 | 1 |
| b. Some days Go to Q. 27b | 2 |
| c. Not at all Go to Q. 30 | 3 |
| Don't know/Not sure Go to Q. 29h | 7 |
| Refused Go to Q. 29h | 9 |

30. About how long has it been since you last smoked cigarettes regularly, that is, daily? (72-73)

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago)	0 2
c. Within the past 6 months (3 to 6 months ago)	0 3
d. Within the past year (6 to 12 months ago)	0 4
e. Within the past 5 years (1 to 5 years ago)	0 5
f. Within the past 15 years (5 to 15 years ago)	0 6
g. 15 or more years ago	0 7
Don't know/Not sure	7 7
Never smoked regularly	8 8
Refused	9 9

- 27a. Have you smoked any cigarettes in the last 30 days?

YES) -1-ASK Q27B
 NO.. -2-GOTO Q27A CHECKPOINT
 DK.. -7-
 REF. -9-

```

-----
Q27A CHECKPOINT: SEE Q27A
[ ] IF Q30 GREATER THAN ONE YEAR AGO, SKIP TO Q29H
[ ] IF Q30 LESS THAN OR EQUAL TO ONE YEAR AGO, SKIP TO Q29E
-----

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- 27b. (CURRENT SMOKER, SOME DAYS:) On how many of the past 30 days did you smoke cigarettes?

NUMBER OF DAYS..... -GO TO 28A
 NONE..... -88-GO TO 28B
 DON'T KNOW/NOT SURE... -77-GO TO 28A
 REFUSED..... -99-GO TO 28A

28. On the average, about how many cigarettes a day do you now smoke? (67-68)

1 pack
 = 20 Number of cigarettes Go to Q. 29
 ciga-
 rettes Don't know/Not sure Go to Q. 29 7 7
 Refused Go to Q. 29 9 9

- 28a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (69-70)

1 pack
 = 20 Number of cigarettes
 ciga-
 rettes Don't know/Not sure 7 7
 Refused 9 9

28b. During the past 12 months, have you intentionally quit smoking for 1 day or longer?

YES.....) -1-GO TO 29A
 NO..... -2-
 DON'T KNOW/NOT SURE -7-
 REFUSED..... -9-

29. During the past 12 months, have you quit smoking for 1 day or longer?
 (71)

a. Yes 1
 b. No 2
 Don't know/Not sure 7
 Refused 9

29a. (ALL CURRENT SMOKERS:) How soon after you awake in the morning do you usually smoke your first cigarette?

HOURS AND MINUTES:

IMMEDIATELY.....) -0000
 DON'T KNOW/NOT SURE. -2357
 REFUSED..... -2359

29b. Are the words "light" or "ultra-light" on the package of the brand you usually smoke?

YES.....) -1
 NO..... -2
 DON'T KNOW/NOT SURE -7
 REFUSED..... -9

29c. Are you planning to quit smoking in the next 30 days?

YES.....) -1-GO TO Q29E
 NO..... -2-ASK Q29D
 DON'T KNOW/NOT SURE -7-
 REFUSED..... -9-

29d. Are you thinking about quitting smoking in the next 6 months?

YES.....) -1
 NO..... -2
 DON'T KNOW/NOT SURE -7
 REFUSED..... -9

29e. (CURR SMOKERS & RECENT QUITTERS:) In the past 12 months, did a medical doctor or assistant advise you to stop smoking?

YES) -1
 NO.. -2
 DK.. -7
 REF. -9

29f. In the past 12 months, have you heard, read, or seen any information about quitting smoking?

YES) -1-ASK Q29g1
 NO.. -2-GO TO Q29H
 DK.. -7-
 REF. -9-

29g. I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	YES	NO	DK	REF
1. from television?,.....)	-1	-2	-8	-9
2. from the radio?,.....)	-1	-2	-8	-9
3. from a billboard?,.....)	-1	-2	-8	-9
4. from a doctor?,.....)	-1	-2	-8	-9
5. from a dentist?,.....)	-1	-2	-8	-9
6. from another health care professional?,.....)	-1	-2	-8	-9
7. at work?,.....)	-1	-2	-8	-9
8. from family or a friend?,.....)	-1	-2	-8	-9
9. from a brochure or other printed material?,.)	-1	-2	-8	-9
10. by calling the Smokers Telephone Quit-Line?,)	-1	-2	-8	-9
11. or from any other source? (SPECIFY).....)	-1	-2	-8	-9

29h. (ASK ALL:) Is there anyone else living in your household who smokes cigarettes?

YES.....) -1
 NO.....) -2
 DON'T KNOW/NOT SURE -7
 REFUSED.....) -9

29i. In the past 12 months, have you tried smoking a cigar--even a puff?

YES.....) -1
 NO.....) -2
 DON'T KNOW/NOT SURE -7
 REFUSED.....) -9

29j. Do you believe that switching from cigarettes to cigars reduces a smokers' chance of illness?

YES.....) -1
 NO.....) -2
 DON'T KNOW/NOT SURE -7
 REFUSED.....) -9

29k. Do you believe that smoking low tar and low nicotine cigarettes carries less risk of illness than smoking regular cigarettes?

YES.....) -1
 NO.....) -2
 DON'T KNOW/NOT SURE -7
 REFUSED.....) -9

29l. Some people say that tobacco companies should list the ingredients contained in the various brands of tobacco products so that people will know what substances they are smoking or chewing. The tobacco companies say that disclosure of ingredients would give an unfair advantage to competitors. Do you agree or disagree with the following statement? Ingredients contained in tobacco products should be made available to the public.

AGREE.....) -1
 DISAGREE.....) -2
 DON'T KNOW/NOT SURE. -7
 REFUSED.....) -9

29m. Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

* Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

(After first three, you may read "How about...?")

	ALLOW W/OUT RESTRICT	PERMIT ONLY DESIG. AREAS	NT ALLOW AT ALL	DK	REF
1. Restaurants?.....)	-1	-2	-3	-8	-9
2. Indoor work areas? (*).....	-1	-2	-3	-8	-9
3. Bars and cocktail lounges? (*)	-1	-2	-3	-8	-9
4. Indoor sporting events? (*)...	-1	-2	-3	-8	-9
5. Outdoor sporting events? (*)..	-1	-2	-3	-8	-9
6. Indoor shopping malls? (*)....	-1	-2	-3	-8	-9

29n. If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now?

MORE OFTEN.....-1
 LESS OFTEN.....-2
 ABOUT THE SAME.....-3
 DON'T EAT IN RESTAURANTS.....-4
 DON'T KNOW/NOT SURE.....-7
 REFUSED.....-9

29p. In the past 12 months, have you complained to someone in charge when a person was smoking where it wasn't permitted?

YES.....) -1
 NO..... -2
 DON'T KNOW/NOT SURE -7
 REFUSED..... -9

29q. Which statement best describes the rules about smoking in your home --

-- no one is allowed to smoke anywhere?,.....) -1
 smoking is allowed in some places or at some times?, -2
 or smoking is permitted anywhere?..... -3
 DON'T KNOW/NOT SURE..... -7
 REFUSED..... -9

29r. In Massachusetts, it is against the law to sell cigarettes to anyone under 18 years old. How many storekeepers do you think are careful about not selling to people under 18? Would you say --

-- all?,...) -1
 most?... -2
 some?,... -3
 or none? -4
 DK..... -7
 REF..... -9

SECTION 8: ALCOHOL CONSUMPTION

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (74)
- a. Yes 1
 - b. No Go to Q. 36 2
 - Don't know/Not sure Go to Q. 36 7
 - Refused Go to Q. 36 9
32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)
- a. Days per week 1
 - b. Days per month 2
 - Don't know/Not sure Go to Q. 34 7 7 7
 - Refused Go to Q. 34 9 9 9
33. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (78-79)
- Number of drinks
 - Don't know/Not sure 7 7
 - Refused 9 9
34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9
35. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

SECTION 9: DEMOGRAPHICS

36. What is your age?	(84-85)
Code age in years	
Don't know/Not sure	0 7
Refused	0 9
37. What is your race?	(86)
Would you say: Please Read	
a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
or	
e. Other: (specify)	5
Do not read these responses Don't know/Not sure	7
Refused	9
38. Are you of Spanish or Hispanic origin?	(87)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
39. Are you: (88)	
Please Read	
a. Married	1
b. Divorced	2
c. Widowed	3
d. Separated	4
e. Never been married	5
or	
f. A member of an unmarried couple	6
Refused	9

40. How many children live in your household who are...

Please Read

Code 1-9	a. less than 5 years old?	(89)
7 = 7 or more		
8 = None	b. 5 through 12 years old?	(90)
9 = Refused		
	c. 13 through 17 years old?	(91)

41. What is the highest grade or year of school you completed? (92)

Read Only if Necessary

a. Never attended school or only kindergarten	1
b. Grades 1 through 8 (Elementary)	2
c. Grades 9 through 11 (Some high school)	3
d. Grade 12 or GED (High school graduate)	4
e. College 1 year to 3 years (Some college or technical school)	5
f. College 4 years or more (College graduate)	6
Refused	9

42. Are you currently: (93)

Please Read

a. Employed for wages	1
b. Self-employed	2
c. Out of work for more than 1 year Go to Q. 43	3
d. Out of work for less than 1 year	4
e. Homemaker Go to Q. 43	5
f. Student Go to Q. 43	6
g. Retired Go to Q. 43	7
or	
h. Unable to work Go to Q. 43	8
Refused Go to Q. 43	9

42a. What kind of business or industry do you work in? (IF NECESSARY:
For example, a hospital, newspaper publishing, mail order house, auto
engine manufacturing, retail bakery, construction.)

DK.... -7
REF... -9

42b. Is this mainly...

Manufacturing,.....)	-01
Wholesale trade,.....	-02
Retail trade,.....	-03
Services,.....	-04
Construction,.....	-05
Agriculture,.....	-06
Government, or.....	-07
Transportation, communication, or utilities?.	-08
OTHER (SPECIFY).....	-09
	DK -77
	REF -99

42c. What is your job title? (IF NO JOB TITLE, ASK: What type of work do you do?)
(IF NECESSARY: For example, registered nurse, personnel manager, order clerk, engine assembler, cashier, carpenter.)

REF.. -99

43. Is your annual household income from all sources: (94-95)

Read as Appropriate

If respondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

44. About how much do you weigh without shoes? (96-98)

Round fractions up	Weight pounds	
	Don't know/Not sure	7 7 7
	Refused	9 9 9

45. About how tall are you without shoes? (99-101)

Round	Height	/
fractions	ft/inches	
down		
	Don't know/Not sure	7 7 7
	Refused	9 9 9

[NO COUNTY QUESTION!]

46. What city or town do you live in?

AMHERST.... -008	FITCHBURG.. -097	MILTON..... -189	SOMERSET..... -273
ARLINGTON.. -010	FRAMINGHAM. -100	NATICK..... -198	SOMERVILLE.... -274
ATTLEBORO.. -016	FRANKLIN... -101	NEEDHAM..... -199	SOUTHBRIDGE... -278
BELMONT.... -026	GARDNER.... -103	NEW BEDFORD. -201	SPRINGFIELD... -281
BEVERLY.... -030	GLOUCESTER. -107	NEWBURYPORT. -206	STONEHAM..... -284
BOSTON..... -035	HAVERHILL.. -128	NEWTON..... -207	STOUGHTON..... -285
BRAINTREE.. -040	HOLYOKE.... -137	N. ADAMS..... -209	TAUNTON..... -293
BROCKTON... -044	LAWRENCE... -149	NORTHAMPTON. -214	WAKEFIELD..... -305
BROOKLINE.. -046	LEOMINSTER. -153	N. ANDOVER.. -210	WALTHAM..... -308
BURLINGTON. -048	LEXINGTON.. -155	N. ATTLEBORO -211	WATERTOWN..... -314
CAMBRIDGE.. -049	LONGMEADOW. -159	NORWOOD..... -220	WELLESLEY..... -317
CANTON..... -050	LOWELL..... -160	PEABODY..... -229	W. SPRINGFIELD -325
CHELMSFORD. -056	LUDLOW..... -161	PITTSFIELD.. -236	WESTFIELD..... -329
CHELSEA.... -057	LYNN..... -163	QUINCY..... -243	WEYMOUTH..... -336
CHICOPEE... -061	MALDEN..... -165	RANDOLPH.... -244	WILMINGTON.... -342
DANVERS.... -071	MARBLEHEAD. -168	READING..... -246	WINCHESTER.... -344
DEDHAM..... -073	MARLBOROUGH -170	REVERE..... -248	WINTHROP..... -346
EASTHAMPTON -087	MEDFORD.... -176	ROCKLAND.... -251	WOBURN..... -347
EVERETT.... -093	MELROSE.... -178	SALEM..... -258	WORCESTER..... -348
FAIRHAVEN.. -094	METHUEN.... -181	SAUGUS..... -262	OTHER: (SPEC
FALL RIVER. -095	MILFORD.... -185	SHREWSURY... -271	BELOW)..... -997
			DK..... -998
			REF..... -999

(ALLSTON, BRIGHTON, CHARLESTON, DORCHESTER, E. BOSTON, JAMAICA PLAIN, HYDE PARK, MATTAPAN, ROXBURY, S. BOSTON, W. ROXBURY=BOSTON)

CITY/TOWN NAME:

47. Do you have more than one telephone number in your household? (105)

a. Yes	1
b. No Go to Q. 49	2
Refused Go to Q. 49	9

48. How many residential telephone numbers do you have? (106)

Exclude ded-icated fax and computer lines	Total telephone numbers [8=8 or more]	
	Refused	9

Now I have some questions about other health services you may have received.

49. Indicate sex of respondent. Ask Only if Necessary (107)

Male Go to Q. 92a	1
Female	2

SECTION 10: WOMEN'S HEALTH

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)
- a. Yes 1
 - b. No If LT age 40, Go to Q. 53; if GE age 40, go to Q. 52B 2
 - Don't know/Not sure If LT age 40, Go to Q. 53; if GE age 40, go to Q. 52B 7
 - Refused If LT age 40, Go to Q. 53; if GE age 40, go to Q. 52B 9
51. How long has it been since you had your last mammogram? (109)
- Read only if Necessary
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
52. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (110)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- If age LT 40, go to Q. 53.
If age >= 40, and Q51 = 5,7,9, go to Q52B.
- 52A. (Age 40+) Thinking back over the last five years, about how often have you gotten a routine, screening mammogram?
- a. More than once a year 1
 - b. Once a year 2
 - c. Once every two years 3
 - d. Less than once every two years 4
 - e. Have only had one mammogram 5
 - Don't know/Not sure 7
 - Refused 9

52b. (Age 40+) In general, how often do you think a woman your age should have a mammogram?

- | | |
|-----------------------------------|---|
| a. More than once a year | 1 |
| b. Once a year | 2 |
| c. Once every two years | 3 |
| d. Less than once every two years | 4 |
| e. Not needed at my age | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

53. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (111)

- | | |
|---------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 56 | 2 |
| Don't know/Not sure Go to Q. 56 | 7 |
| Refused Go to Q. 56 | 9 |

54. How long has it been since your last breast exam? (112)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

55. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (113)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
56. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (114)
- a. Yes 1
 - b. No **Go to Q. 59** 2
 - Don't know/Not sure **Go to Q. 59** 7
 - Refused **Go to Q. 59** 9
57. How long has it been since you had your last Pap smear? (115)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
58. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (116)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

59. Have you had a hysterectomy? (117)

a. Yes Go to Q. 92A 1

A hysterectomy is an operation to remove the uterus (womb) b. No 2

Don't know/Not sure 7

Refused 9

If respondent 45 years old or older, go to Q. 92A.

60. To your knowledge, are you now pregnant? (118)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

SECTION 10A: FOLIC ACID

92a. Do you currently take any vitamin pills or supplements? (303)

Include a. Yes GO TO 92B 1

liquid b. No GO TO Q.92A CHECKPOINT 2

supplements Don't know/Not sure GO TO Q.92A CHECKPOINT 7

Refused GO TO Q.92A CHECKPOINT 9

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Q92A CHECKPOINT: SEE Q92A
[ ] IF MALE, GO TO Q93A
[ ] IF FEMALE AND AGE GE 45, GO TO Q93A
[ ] IF FEMALE AND AGE LT 45, GO TO Q92E
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92b. Are any of these a multivitamin? (304)

a. Yes Go to Q.92D 1

b. No GO TO Q.92B CHECKPOINT 2

c. Don't know/Not sure GO TO Q.92B CHECKPOINT 7

d. Refused GO TO Q.92B CHECKPOINT 9

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-----
Q92B CHECKPOINT: SEE Q92B
[ ] IF MALE, GO TO Q92D
[ ] IF FEMALE AND AGE GE 45, GO TO Q92D
[ ] IF FEMALE AND AGE LT 45, GO TO Q92C
-----

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92c. (WOMEN, AGE 18-44) Do any of the vitamin pills or supplements you take contain folic acid? (305)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

92d. (ALL) How often do you take this vitamin pill or supplement? (306-308)

a. Times per day	1
b. Times per week	2
c. Times per month	3
Don't know/Not sure	7 7 7
Refused	9 9 9

If male, go to Q. 93A. If female and age GE 45, go to Q. 93A

92e. Have you heard of the B vitamin folic acid?

a. Yes	1
b. No	2
c. Don't know/Not sure	7
d. Refused	9

92f. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (309)

Please Read

a. To make strong bones	1
b. To prevent birth defects	2
c. To prevent high blood pressure	3
or	
d. Some other reason	4
Don't know/Not sure	7
Refused	9

SECTION 10B: OSTEOPOROSIS

93a. Have you ever heard of osteoporosis?

YES.....1-GO TO Q. 93A CHECKPOINT
 NO.....2-GO TO Q. 93D
 DON'T KNOW/NOT SURE.....7-
 REFUSED.....9-

 Q93A CHECKPOINT: SEE Q93A

[] IF MALE, GO TO Q93C
 [] IF FEMALE AND AGE LT 45, GO TO Q93C
 [] IF FEMALE AND AGE GE 45, GO TO Q93B

93b. (WOMEN 45+) Have you ever been tested for osteoporosis by having a bone density scan, a test that scans and measures your bones, similar to an x-ray?

YES.....1
 NO.....2
 DON'T KNOW/NOT SURE.....7
 REFUSED.....9

93c. Have you ever been told that you have osteoporosis?

YES.....1
 NO.....2
 DON'T KNOW/NOT SURE.....7
 REFUSED.....9

93d. (ALL) How often do you do strength-building exercise, like lifting free weights, using weight training machines, or pushing and lifting your own body weight (i.e., push-ups or pull-ups)?

a. More than 3x per week	1
b. 1-3x per week	2
c. 1-3x per month	3
d. Less than 1x per month	4
e. Never	5
f. Don't know/Not sure	7
g. Refused	9

If female and age LT 45, go to Q. 93K. If male and age LT 45, go to Q. 61.

93e. (AGE 45+) Have you fallen to the floor or the ground in the last 12 months?

YES.....1
 NO.....2-GO TO Q. 93H
 DON'T KNOW/NOT SURE.....7-
 REFUSED.....9-

93f. How many times have you fallen in the last 12 months?

- | | |
|---------------------|---|
| a. Once | 1 |
| b. Twice | 2 |
| c. More than twice | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

93g. Why did you fall? (IF TWICE OR MORE THAN TWICE TO 6: If you have fallen more than once, tell us about your latest fall)

- | | |
|---------------------------|---|
| a. Tripped | 1 |
| b. Was pushed | 2 |
| c. Slipped | 3 |
| d. Lost balance | 4 |
| e. Other (Specify _____) | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

93h. Since the age of 45, have you broken your wrist, hip or backbone?

- | | |
|--------------------------|---------------------------|
| YES..... | 1-ASK Q. 93I |
| NO..... | 2-GO TO Q. 93H CHECKPOINT |
| DON'T KNOW/NOT SURE..... | 7- |
| REFUSED..... | 9- |

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-----
Q93H CHECKPOINT: SEE Q93H
[ ] IF MALE, GO TO Q61
[ ] IF FEMALE, GO TO Q93K
-----

```

93i. At what age did you break your wrist, hip, or backbone? (If you have had more than one break, give us your age for the most recent time)

- | | |
|------------------------|---|
| Age: __ __ | |
| b. Don't know/Not sure | 7 |
| c. Refused | 9 |

93j. Under what circumstances did the break occur?

- | | |
|---------------------------|---|
| a. Car accident | 1 |
| b. Sports injury | 2 |
| c. Fall | 3 |
| d. Assault | 4 |
| e. Rest | 5 |
| f. Other (Specify _____) | 6 |
| g. Don't know/Not sure | 7 |
| h. Refused | 9 |

If male, go to Q. 61.

93k. (WOMEN) How many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt , or two slices of cheese.

LESS THAN 1.....	-0
1 SERVING.....	-1
2 SERVINGS.....	-2
3 SERVINGS.....	-3
4 SERVINGS.....	-4
5 OR MORE SERVINGS.....	-5
DON'T CONSUME MILK OR MILK PRODUCTS.....	-6
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

93l. During the past month, did you take any supplements containing only calcium regularly (that is on most days)?

YES.....)	-1-ASK Q93M
NO.....	-2-GO TO Q93L CHECKPOINT
DON'T KNOW.....	-7-
REFUSED.....	-9-

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-----
Q93L CHECKPOINT: SEE Q93L
[ ] IF AGE LT 45, GO TO Q61
[ ] IF AGE GE 45, GO TO Q93N
-----

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93m. Do you take calcium.....

every day?.....)	-1
on most days.....	-2
or less than one-half of the days during the last month?....	-3
DON'T KNOW.....	-7
REFUSED.....	-9

If age LT 45, go to Q. 61.

93n. (WOMEN 45+:) Are you currently taking estrogen ?

YES.....)-1-ASK Q93P
 NO..... -2-GO TO Q61
 DON'T KNOW.... -7-
 REFUSED..... -9-

93p. Why are you taking estrogen pills?

	YES	NO	DK	REF
1. To prevent a heart attack?,.....)	-1	-2	-7	-9
2. To treat or prevent bone thinning bone loss, or osteoporosis?,.....)	-1	-2	-7	-9
3. To treat symptoms of menopause such as hot flashes?,.....)	-1	-2	-7	-9

SECTION 11: IMMUNIZATION

61. During the past 12 months, have you had a flu shot? (119)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

62. Have you ever had a pneumonia vaccination? (120)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

SECTION 12: COLORECTAL CANCER SCREENING

If respondent is 40 years or older, continue with Q. 63. Otherwise, go to Section 12B: TEEN PREGNANCY PREVENTION

63. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (121)

- | | |
|---------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 65 | 2 |
| Don't know/Not sure Go to Q. 65 | 7 |
| Refused Go to Q. 65 | 9 |

64. When did you have your last blood stool test using a home kit? (122)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Section 12B: TEEN PREGNANCY PREVENTION | 2 |
| Don't know/Not sure | |
| Go to Section 12B: TEEN PREGNANCY PREVENTION | 7 |
| Refused Go to Section 12B: TEEN PREGNANCY PREVENTION | 9 |

66. When did you have your last sigmoidoscopy or proctoscopy? (124)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SECTION 12B: TEEN PREGNANCY PREVENTION

If no children in household between ages 5-17 (i.e., if 40b and 40c both equal either 8 or 9), skip to Section 13: HIV/AIDS.

The next few questions ask you about your perceptions and attitudes about teen pregnancy and teen pregnancy prevention in your community.

94a. During the past 30 days, about how often have you heard or seen information regarding teen pregnancy prevention in your community. The sources of information could be your friends or neighbors; newspapers, flyers, or posters, public service announcements on TV or radio; or at public events, meetings or workshops.

- | | |
|--|---|
| a. Several times a week | 1 |
| b. About once a week | 2 |
| c. About once or twice in the past 30 days | 3 |
| d. Not at all in the past 30 days | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

94b. Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

- a. Number _____

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

- | | |
|---------------------|----|
| Don't know/Not sure | 77 |
| Refused | 99 |

94c. Please give me your opinion about the following statement: I feel it is the role of parents or adult guardians to talk with their child about sexuality and teen pregnancy prevention.

- | | |
|------------------------|---|
| Strongly agree..... | 1 |
| Agree somewhat..... | 2 |
| Disagree somewhat..... | 3 |
| Strongly disagree..... | 4 |
| Don't know..... | 7 |
| Refused..... | 9 |

If child in household between ages of 13 and 17, i.e. if 40c=1-7, continue; if 40c=8-9, go to Section 13: HIV/AIDS.

94d. (If 40c=1) Regarding the child in your household between the ages of 13 and 17...

(If 40c>1) Regarding the oldest child in your household between the ages of 13 and 17...

is this child male or female?

- | | |
|-----------|---|
| a. Male | 1 |
| b. Female | 2 |
| Refused | 9 |

94e. How are you related to this child? Is this child a(n)...?

- | | | |
|----|--------------------------------------|----|
| a. | Natural-born or adopted son/daughter | 1 |
| b. | Stepson/stepdaughter | 2 |
| c. | Grandchild | 3 |
| d. | Foster child | 4 |
| e. | Niece or nephew | 5 |
| f. | Brother or sister | 6 |
| g. | Other relative | 7 |
| h. | Other non-relative | 8 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

94f. During the past 12 months, about how often have you or other adults in the household had a conversation with this teenager regarding sexuality and ways to prevent pregnancy?

- | | | |
|----|----------------------------------|---|
| a. | More than once a month | 1 |
| b. | About once a month | 2 |
| c. | About once every few months | 3 |
| d. | Once in the past 12 months | 4 |
| e. | Not at all in the past 12 months | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

94g. How comfortable do you feel about talking to this teenager about sexuality and ways to prevent pregnancy? Would you say...

- | | | |
|----|------------------------|---|
| a. | Very comfortable | 1 |
| b. | Somewhat comfortable | 2 |
| c. | Not at all comfortable | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14: ATTITUDES TOWARD SEXUAL ASSAULT/COERCION

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (125-126)

Code 01	a. Grade		
thru 12	b. Kindergarten	5	5
	c. Never	8	8
	Don't know/Not sure	7	7
	Refused	9	9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (127)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

I'm going to very briefly describe two programs that have been used in a variety of places to reduce the spread of AIDS and other diseases. One program makes condoms available to high school students through the school nurse's office or the school health clinic. Another program allows people who inject drugs to exchange used, dirty needles and syringes for clean ones.

- 68a. Concerning the program that makes condoms available to high school students through the school nurse's office or the school health clinic, would you say you--

Strongly agree with this program.....	1
Agree with this program.....	2
Disagree with this program.....	3
Strongly disagree with this program.....	4
Don't know.....	7
Refused.....	9

- 68b. Concerning the program that allows people who inject drugs to exchange used, dirty needles and syringes for clean ones, would you say you--

Strongly agree with this program.....	1
Agree with this program.....	2
Disagree with this program.....	3
Strongly disagree with this program.....	4
Don't know.....	7
Refused.....	9

69. What are your chances of getting infected with HIV, the virus that causes AIDS?
(128)

Would you say: **Please Read**

- | | |
|-----------|---|
| a. High | 1 |
| b. Medium | 2 |
| c. Low | 3 |
| d. None | 4 |

Not applicable **Go to Q. 71** 5

**Do not
read these
responses**

Don't know/Not sure 7

Refused 9

70. Have you ever had your blood tested for HIV? (129)

a. Yes **Go to Q. 71** 1

b. No 2

Don't know/Not sure 7

Refused 9

71a. Have you donated blood since March 1985? (130)

a. Yes 1

b. No **Go to Q. 75A** 2

Don't know/Not sure **Go to Q. 75A** 7

Refused **Go to Q. 75A** 9

72a. When did you last donate blood? (131-134)

Code month and year **Go to Q. 75A** /

Don't know/Not sure **Go to Q. 75A** 7 7 7 7

Refused **Go to Q. 75A** 9 9 9 9

71. When was your last blood test for HIV? (135-138)

Code month and year /

Don't know/Not sure 7 7 7 7

Refused 9 9 9 9

72. What was the main reason you had your last blood test for HIV?

(139-140)

Reason code

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	
Go to Q. 75A	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

73. Where did you have your last blood test for HIV?
(141-142)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other 8 7	
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test? (143)

a. Yes 1	
b. No Go to Q. 75A	2
Don't know/Not sure Go to Q. 75A	7
Refused Go to Q. 75A	9

75. Did you receive counseling or talk with a health care professional about the results of your test? (144)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

75a. During the past 12 months, with how many people have you had sexual intercourse? (169-170)

- a. Number
- b. None Go to Q. 76 8 8
- Don't know/Not sure 7 7
- Refused 9 9

75b. Was a condom used the last time you had sexual intercourse? (171)

- a. Yes 1
- b. No Go to Q. 75D 2
- Don't know/Not sure Go to Q. 75D 7
- Refused Go to Q. 75D 9

75c. The last time you had sexual intercourse, was the condom used ... (172)
Please Read

- a. To prevent pregnancy 1
- b. To prevent diseases like syphilis, gonorrhea, and AIDS 2
- c. For both of these reasons or 3
- d. For some other reason 4

Do not read these responses Don't know/Not sure 7
Refused 9

75d. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (173)

Would you say: Please read

a. Very effective	1
b. Somewhat effective	2
or	
c. Not at all effective	3
Don't know how effective	4
Do not read these Don't know method responses	5
Refused	9

75e. How many new sex partners did you have during the past 12 months? (174-175)

A new sex partner is a. Number [76 = 76 or more] someone the respon-	b. None	8	8
dent had sex with for the first time in the past 12 months	Don't know/Not sure	7	7
	Refused	9	9

75f. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't need to tell me which one.

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you? (176)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

75g. In the past five years, have you been treated for a sexually transmitted or venereal disease? (177)

a. Yes	1
b. No Go to Q. 76	2
Don't know/Not sure Go to Q. 76	7
Refused Go to Q. 76	9

75h. Were you treated at a health department STD clinic? (178)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

76. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (145)

a. Yes 1

b. No Go to Q. 95A 2

Don't know/Not sure Go to Q. 95A 7

Refused Go to Q. 95A 9

77. Did you make any of the following changes in the last 12 months?

Please Read

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Did you decrease the number of your sexual partners or become abstinent?	1	2	7	9	(146)
b. Do you now have sexual intercourse with only the same partner?	1	2	7	9	(147)
b. Do you now always use condoms for protection?	1	2	7	9	(147)

SECTION 14: ATTITUDES TOWARD SEXUAL ASSAULT

95. Now I'm going to read you a question about what you think about several situations involving sexual behaviors. (18-64 only: Remember, I am not asking you about your own behavior. I'm asking you for your opinion). Please answer yes or no for each situation.

When might it be OK to make someone else have sex when they don't want to?

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. It might be OK if they have had sex together before.	1	2	7	9
b. It might be OK if they are married.	1	2	7	9
c. It might be OK if the person is dressed sexy and is flirting with the other person.	1	2	7	9
d. It might be OK if one or both are drunk.	1	2	7	9

SECTION 15: VIOLENCE

The next few questions are about violence, which is another serious health problem. Remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

96a. Have you ever been PHYSICALLY or SEXUALLY hurt, either by a stranger or someone you knew? This would include being shoved, slapped, hit with an object, or forced into any sexual activity.

Yes	1
No Go to end statement	2
Don't know/Not sure	7
Refused	9

96b. Were you ever hurt *?

1. *by a stranger?
2. *by a current or ex (husband/wife) or live-in partner?
3. *by a relative other than a (husband/wife)?
4. *by a date, or a current or ex-boyfriend or girlfriend NOT living with you?
5. *by some OTHER acquaintance or friend?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b1a-b5a. (Ask after each 'yes' response from b1 - b5)
Did this happen during the past 12 months?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b1b-b5b. (Ask only after each 'yes' response from b1a - b5a)
Did this specifically involve being forced into any sexual activity *
...during the past 12 months?

- b1b. *by a stranger?
- b2b. *by a current or ex (husband/wife) or live-in partner?
- b3b. *by a relative other than a (husband/wife)?
- b4b. *by a date, or a current or ex-boyfriend or girlfriend NOT living with you?
- b5b. *by some OTHER acquaintance or friend?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

If 'yes' to Q. 96b2 or Q. 96b4, continue
Else, go to end statement

The rest of the questions refer only to your being physically or sexually hurt by a current or ex-(husband/wife), partner, boyfriend, girlfriend, or date.

96c. When were you FIRST hurt by one of these people? Was it...

PLEASE READ

When you were LESS than 18 years old?, or...	1	
18 or over?	2	
Don't know/Not sure	7	
Refused		9

If 'yes' to Q. 96b2a or Q. 96b4a, skip to statement after Q. 96d.
Else (not hurt in past 12 months), continue

96d. When were you MOST RECENTLY hurt by one of these people? Was it...

Please read

1 to 5 years ago?,	1	
6 to 10 years ago?, or	2	
More than 10 years ago?	3	
Don't know/Not sure	7	
Refused		9

If coded '1' (1 - 5 years ago), continue
Else (not hurt in past 5 years), go to end statement

The next few questions are about incidents (when you were physically or sexually hurt) IN THE PAST FIVE YEARS. Remember, we're talking ONLY about things that happened between you and a current or ex- (husband/wife), partner, boyfriend, girlfriend or date.

96e. Did you see a doctor or nurse as a result of being hurt by any of these people in the past five years?

Yes	1
No GO TO Q. 96G	2
Don't know/Not sure GO TO Q. 96G	7
Refused GO TO Q. 96G	9

96f. Where did you go MOST RECENTLY to see a doctor or nurse (as a result of being hurt by one of these people)? Did you go to...

Please read

A hospital emergency room?	1
A hospital walk-in clinic?	2
An urgent care center at an HMO?	3
A community health center?	4
A private doctor's office?	
(includes office at a hospital or HMO)	5
Other	6
Don't know/Not sure	7
Refused	9

96g. In the past five years, were the police called about any of these incidents (when you were physically or sexually hurt)?

Yes	1
No GO TO Q. 96I	2
Don't know/Not sure GO TO Q. 96I	7
Refused GO TO Q. 96I	9

96h. In the past five years, how many times did the police come for these incidents (when you were physically or sexually hurt)?

Number of times	
Don't know/Not sure	77
Refused	99

96i. In the past five years, have you gotten a restraining order at a court against a current or ex- (husband/wife), partner, boyfriend, girlfriend or date? A restraining order may also be called a protective order or 209a.

(Include temporary or permanent restraining orders. Do not include emergency restraining orders.)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

(Read to all) If you or anyone you know ever needs immediate help, they can call 911 or the local police. There is a national hotline to help anyone who is being hurt or threatened by a partner. The hotline's number - if you'd like to write it down - is 1-800-799-SAFE (7233).

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.